

A multidisciplinary group intervention program to promote recovery after minor traffic injuries: a randomised controlled trial

Submission date
04/09/2006

Recruitment status
No longer recruiting

☐ Prospectively registered

☐ Protocol

Registration date
22/09/2006

Overall study status
Completed

☐ Statistical analysis plan

☒ Results

Last Edited
10/05/2007

Condition category
Injury, Occupational Diseases, Poisoning

☐ Individual participant data

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

N/A

Study information

Scientific Title

Study objectives

We hypothesised that in patients with combinations of risk factors for a protracted course, a multidisciplinary intervention with information about the injury, pain management and activity level, and support of healthy instead of illness behaviour, during the acute phase of rehabilitation might shorten the time to recovery.

The objective of this study was to assess the efficacy of such an intervention in patients with acute traffic related minor musculoskeletal injuries, rated to be at high risk for delayed recovery, based on the scores obtained in a newly developed prediction ruler (Prediction of Prolonged Self-perceived recovery after musculoskeletal injuries [PPS]).

Ethics approval required

Old ethics approval format

Ethics approval(s)

The study was approved by the local Ethics Committee, the Karolinska Institute, on the 11th June 2001 (reference number: 240/01).

Study design

Randomised Controlled Trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Other

Study type(s)

Treatment

Participant information sheet

Health condition(s) or problem(s) studied

Traffic related minor musculoskeletal injuries

Interventions

Eligible patients were randomised to an intervention or a control group. Both groups received standard medical treatment according to the routines at the department.

The intervention (multidisciplinary treatment) group also received the following program: A team consisting of an orthopaedic surgeon (study doctor), an anaesthetist specialised in pain treatment, physiotherapist, study nurse and a psychologist carry out the intervention program consisting of group "lectures" where different topics are highlighted.

The aim of this "traffic injury school" is to, in a systematic and supportive manner, provide an information and discussion forum for topics that are relevant to all study patients regardless of the type of injury. The program consists of four short (about two hours) sessions once a week during a four-week period. The first lecture consists of an introduction to the program and a discussion about different coping mechanisms. The following three lectures deal with issues related to pain and pain treatment, the importance of physical training, how fractures and soft tissue injuries heal, and the interaction between mental and physical health.

All sessions are lead by the study doctor, anaesthetist, physiotherapist or psychologist and the study nurse participates in all sessions. After the introduction session the patients may participate in consecutive sessions or they can choose to come to later sessions as the groups are "open" and the "school" runs on a three week rolling schedule. After every session the patients rate their "control over the situation". If the patient is in need of individual treatment (orthopaedic surgeon, physiotherapist, psychologist) an appointment can be arranged by the hospital.

Intervention Type

Other

Phase

Not Specified

Primary outcome measure

The primary outcome measure was the patients self-perceived recovery at 12 months measured by the single question: "Do you feel recovered after the injury?" (yes/no).

Secondary outcome measures

Secondary outcome measures were:

1. The Short Form health survey (SF-36)
2. The Short Musculoskeletal Function Assessment (SMFA) questionnaire
3. The Visual Analogue Scale (VAS) ratings regarding physical and mental distress and coping ability
4. Self-reported duration of sick leave

Overall study start date

01/09/2002

Completion date

31/01/2004

Eligibility

Key inclusion criteria

Potentially eligible patients had sustained traffic related minor musculoskeletal injuries (Injury Severity Scale [ISS] score less than nine) less than 24 hours before arrival to the emergency department. Consecutive patients were evaluated, but to be eligible for randomisation the patients had to have a high risk of prolonged recovery according to the PPS Questionnaire.

Participant type(s)

Patient

Age group

Not Specified

Sex

Both

Target number of participants

135

Key exclusion criteria

1. A major musculoskeletal injury (ISS more than nine)
2. Aged over 18 years
3. Inability to read and understand spoken Swedish
4. Impaired cognitive function as judged by the investigators

Date of first enrolment

01/09/2002

Date of final enrolment

31/01/2004

Locations**Countries of recruitment**

Sweden

Study participating centre

Ortopediska kliniken

Stockholm

Sweden

118 83

Sponsor information**Organisation**

Karolinska Institutet (Sweden)

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Sponsor type

University/education

Website

<http://ki.se/>

ROR

<https://ror.org/056d84691>

Funder(s)**Funder type**

Research organisation

Funder Name

This study was supported by grants from:

Funder Name

AFA Research foundation

Funder Name

Cancer & Traffic injury fund

Funder Name

Försäkringsmedicinska Sällskapet.

Funder Name

These grants have been directed solely to Department of Orthopaedics, Karolinska Institutet at Stockholm Söder Hospital. The funders had no involvement in the study.

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	Results:	23/03/2007		Yes	No